

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005702

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 38

STATE FILE NUMBER

FILED FEB 25 1963

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY NORTH</u>		c. CITY OR TOWN <u>KANSAS CITY NORTH</u>	
Length of stay in 1b <u>14 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N.K.C. MEMORIAL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>623 E. 43RD ST., N.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>II.</u> Last <u>ENGLISH</u>			4. DATE OF DEATH Month <u>FEBRUARY</u> Day <u>15</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-11-1884</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TILE REP</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TILE COMPANY</u>		11. BIRTHPLACE (City and state or country) <u>BEATRICE, NEBRASKA</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS EDGAR ENGLISH</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA MC CLEARY</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN ENGLISH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. HELEN ENGLISH, KANSAS CITY,</u>		Address <u>NORTH</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary failure arteriosclerotic heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Pulmonary emphysema</u>
		DUE TO (c) <u>Chronic bronchial asthma</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cystitis - Proteus vulgaris - Multiple Staph in bladder</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Surgery captopony</u>			

20c. TIME OF INJURY Hour <u>3:40</u> Month <u>May</u> Day <u>8</u> Year <u>1956</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Missouri</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>May 8, 1956</u> to <u>February 15, 1963</u> and last saw him alive on <u>February 14, 1963</u> Death occurred at <u>3:40</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>S. Lomer Bates, M.D.</u>		(Degree or title)		22b. ADDRESS <u>5148 Ontario Road</u>		22c. DATE SIGNED <u>2/05/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 18, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>J. W. NEWCOMER'S SONS, KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-63</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Higgins</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FEB 25 1963

Dr. J. C. Bates
5140 Antioch Rd.
N. K. C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas W. Poirer

Licensed Embalmer No. 4889

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.